

Amendments to the Specification:

Please replace the paragraph on page 9, from line 27 through line 29 (paragraph 0046 in publication number 2004/0186557), with the following paragraph:

FIGS. 4A-4D show a sectional illustration of the left ventricle of a human heart with a steerable delivery catheter positioned within the ventricle to deliver implants into the myocardium, and FIG. 4E shows a longitudinal cross-sectional view of a steerable delivery catheter;

Please replace the paragraph on page 15, from line 9 through line 28 (paragraph 0098 in publication number 2004/0186557), with the following paragraph:

To reach the left ventricle of the heart percutaneously, a guide catheter (not shown) is first navigated through the patient's vessels to reach the left ventricle 2 of the heart 1. A barb tipped guidewire 34 may then be inserted through the guide catheter and into the ventricle where it pierces the myocardium 4 and becomes anchored within the tissue. After anchoring the guidewire, the guide catheter is withdrawn, and a steerable implant delivery catheter 36 may be advanced over the guidewire to become positioned within the ventricle for delivery of the implants. To facilitate delivery of multiple implants, the guidewire lumen of the delivery catheter 36 may be eccentrically located on the catheter 36. Therefore, when the catheter is rotated about the guidewire, the center of the catheter will rotate through a circular path as demonstrated in FIGS. 4C and 4D, to encompass a broader delivery area with one guidewire placement. The outside diameter of the delivery catheter is preferably less than 0.100 inch. Additionally, as shown in Fig. 4E, the delivery catheter 36 (implant and push tube not shown) may be provided with steering capability by means of a pull wire 35 extending the length of the catheter in pull wire lumen 37 and attached by a bond 39 at its distal end. ~~such that pulling~~ Pulling on the wire 35 from the proximal end causes the more flexible distal tip of the catheter 36 to be

deflected, thereby providing steering control. Steering capability thus provides a broader range of delivery area with a single catheterization. ~~A detailed description of the construction of the steerable delivery catheter 36 for reaching multiple sites within the left ventricle is described in U.S. patent application Ser. No. 09/073,118 filed May 5, 1998, the entirety of which is herein incorporated by reference.~~

The following Listing of the Claims will replace all prior versions and all prior listings of the claims in the present application:

Listing of The Claims:

1 -29. (Cancelled)

30. (Currently amended) A delivery device for placing an implant in the myocardium of a patient comprising:

a steerable delivery catheter having at least one lumen and a defined length;

an elongate shaft slidable through the lumen of the delivery catheter having a proximal end, a sharpened distal end capable of piercing tissue and a length greater than the length of the delivery catheter;

means at the distal end of the shaft for releasably retaining the implant in a low profile first configuration and configured to release the implant to a large profile second configuration.

31. (Previously presented) A method of percutaneously delivering an implant to myocardial tissue comprising:

providing an implant having a low profile first configuration and a large profile second configuration;

providing a delivery catheter having proximal and distal ends and at least one lumen defined between the ends;

providing an elongate shaft slidable through the lumen of the delivery catheter, having a sharp distal end and means for releasably retaining the implant in its first configuration at the distal end of the shaft;

inserting the delivery catheter in the patient and navigating it through the patient's vessels to the left ventricle and positioning the distal end adjacent myocardial tissue;

advancing the shaft, with the implant retained on the distal end, through the lumen of the delivery catheter so that so that the sharp distal end of the shaft and implant protrude from the distal end of the catheter and penetrate the myocardium;

positioning the implant to the desired depth in the myocardium;

releasing the implant from the distal end of the shaft so that it expands to its second configuration in the myocardium;

withdrawing the shaft and delivery catheter from the patient.

30-35. (Cancelled)